



DEPARTMENT OF ENVIRONMENTAL MANAGEMENT
INDIVIDUAL SEWAGE DISPOSAL SYSTEM APPLICATION



FOR DEM USE ONLY

APPLICATION No. _____ DATE RECEIVED ____ / ____ / ____ AMOUNT RECEIVED \$ _____ CHECK # _____ COST CODE _____

TYPE OF APPLICATION		CHECK IF APPLICABLE	CERTIFICATION
<input type="checkbox"/> NEW BUILDING CONSTRUCTION <input type="checkbox"/> ALTERATION <input type="checkbox"/> REPAIR <input type="checkbox"/> TRANSFER	<input type="checkbox"/> I/A TECHNOLOGY TYPE OF SYSTEM _____ <input type="checkbox"/> VARIANCE		<p>I, _____ (print), the undersigned licensed ISDS designer, certify that I prepared this application and accompanying forms, submittals, plans and sketches in accordance with the rules and regulations of the Rhode Island Department of Environmental Management pertaining to individual sewage disposal systems and that all the information provided on this application and accompanying forms, submittals, plans and sketches is true and accurate.</p> <p>Signature of Designer _____</p> <p>Designer License Number _____ Phone # _____</p> <p>Business/Company Name _____</p> <p>I certify that: a) I am the owner of the property indicated under site information on this application, b) I will hire a licensed ISDS installer to install the system proposed herein, c) the system will be installed in strict accordance with this application, d) I will hire and retain the licensed ISDS designer of record to witness and inspect the installation of the system, e) I assume all responsibility for the truth and accuracy of this application and all liability and responsibility for any improper installations of the system on this site and agree to hold the Department of Environmental Management harmless from any and all claims relating whatsoever to the system.</p> <p>Owner(s) Signature _____ Phone Number _____</p>
OWNER INFORMATION			PERMIT APPROVAL SECTION TO BE COMPLETED BY A DEM OFFICIAL; DO NOT WRITE BELOW THIS LINE
LAST NAME _____ FIRST NAME _____ M.I. _____			
NO. STREET _____ CITY/TOWN _____ ZIP CODE _____			
SITE INFORMATION			
NO. STREET _____ CITY/TOWN _____ POLE # _____			<p>Based upon the representations of the owner, and the owner's agents, including the representations of the owner's licensed ISDS designer, this application for an individual sewage disposal system is hereby approved based upon the truth and accuracy of all information submitted. The Department of Environmental Management assumes no responsibility or liability for the future safe operation or maintenance of the aforesaid system, of the fitness or suitability of this system to this site, nor does it assume any responsibility for the accuracy and truth of the owner's, or the owner's agents' representations. This approval is subject to future suspension and revocation in the event that subsequent examination reveals any data indicated on any application, form, submittal, plan or sketch to be incorrect, or not in compliance with the regulations or any condition at the site are such that the approved design is not in accordance with the regulations, or in the event that the system discharges sewage on or to the ground surface, or on or to any watercourse or, fails to operate satisfactorily in any other manner.</p> <p>IMPORTANT: Please note the circled additional terms of approval</p> <p>A. Designer of record must witness and inspect all stages of construction and must submit a certificate of construction in accordance with SD27.00.</p> <p>B. Designer of record must contact DEM 24 hours before start of construction.</p> <p>C. Bottom of leaching area excavation must be inspected by the DEM prior to placement of any gravel or stone.</p> <p>D. System installation must be inspected by DEM prior to covering any component of the the system with backfill.</p> <p>E. Approved per variance, decision dated _____, all requirements, conditions and stipulations of which shall be strictly adhered to.</p> <p>F. I/A Technology: additional specific installation, operation, or maintenance requirements may apply (see DEM I/A Technology certification for this system type).</p> <p>G. Proper erosion and sedimentation controls must be installed prior to the start of construction.</p> <p>H. Other _____</p>
PLAT NUMBER _____ LOT NUMBER _____ SUBDIVISION LOT NUMBER _____			
LOT SIZE _____ SQUARE FEET			
SUBDIVISION NAME _____			
PRELIMINARY SUBDIVISION SUITABILITY # _____			
DEM APPLICATION HISTORY			
PREVIOUS WATER TABLE/ISDS # _____ <input type="checkbox"/> YES <input type="checkbox"/> NO APPLICATION # _____			
DEPTH TO VERIFIED WATER TABLE _____ How Determined _____			
TEST HOLE # _____ DATE EXCAVATED ____ / ____ / ____ WETLANDS within 200' of ISDS <input type="checkbox"/> YES <input type="checkbox"/> NO			
WETLAND PERMIT <input type="checkbox"/> YES <input type="checkbox"/> NO PERMIT# _____ DATE OF APPROVAL ____ / ____ / ____			
Groundwater Quality Certification attached? <input type="checkbox"/> YES <input type="checkbox"/> NO (Required for a system \geq 10,000 gpd.)			
DESIGN INFORMATION			Signature of Department of Environmental Management Official _____ Date of Approval _____ Date of Expiration _____
BUILDING USE: <input type="checkbox"/> Residential <input type="checkbox"/> Commercial _____ <input type="checkbox"/> Other _____			
WATER SUPPLY: <input type="checkbox"/> public water <input type="checkbox"/> public well <input type="checkbox"/> private well			
# OF DESIGN UNITS _____			
UNIT DESIGN FLOW _____ gallons per _____ (unit) TOTAL DAILY FLOW _____ gallons			
TANK SIZE _____ gallons DESIGN PERCOLATION RATE _____ minutes/inch			
MINIMUM REQUIRED LEACHFIELD AREA _____ square feet			
LEACHFIELD TYPE _____			
TOTAL AREA OF LEACHFIELD PROVIDED _____ SQUARE FEET			

INSTRUCTIONS FOR COMPLETING APPLICATION

1. The owner must complete the owner's information section of the application, sign the application, and furnish a telephone number.
2. The licensed ISDS designer must complete the remainder of the application except areas marked FOR DEM USE ONLY and PERMIT APPROVAL SECTION.
3. Only one box should be checked for TYPE OF APPLICATION.
4. If an innovative or alternative technology system is proposed, the I/A TECHNOLOGY box must be checked and the TYPE OF SYSTEM must be completed.
5. All site information including plat and lot, subdivision information, and lot size must be completed.
6. Any previous DEM application information must be shown including groundwater table verifications, wetlands permits, and groundwater quality certifications.
7. Only one box should be checked for BUILDING USE. If COMMERCIAL, provide a brief description.
8. Only one box should be checked for WATER SUPPLY.
9. Design Information must accurately reflect the type and size of the septic system shown on the accompanying plan.
10. DEM APPLICATION HISTORY, DESIGN INFORMATION, and Signature of Designer are not needed for a transfer application.
11. IMPORTANT: This application is part of a design submission that must include 4 (four) copies of the design plan, 4 (four) copies of any attachments such as calculations or details, a designers checklist, and the appropriate fee.
12. MAIL OR DELIVER TO: Rhode Island Department of Environmental Management
ISDS Program
235 Promenade Street
Providence, Rhode Island 02908-5767

If you have any questions relating to this application, please call (401) 222-6820 Monday through Friday, 8:30 am to 4:00 pm.